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The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

Identification of IPEA		For International Preliminary Examining Authority use only	
		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 16626 KB	
International application No. PCT/HU 03/00096	International filing date (day/month/year) 13/November/2003 (13/11/2003)	(Earliest) Priority date (day/month/year) 13/November/2002 (13. 11. 2002)	
Title of invention NEW USE OF SUBSTITUTED ALKYL-PYRIDAZINONE DERIVATIVES			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) EGIS GYÓGYSZERGYÁR RT. Budapest Keresztúri út 30-38., H-1106 Hungary		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: Hungary	State (that is, country) of residence: Hungary		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LÉVAY, György Budakeszi Gábor Áron u. 10., H-2092 Hungary			
State (that is, country) of nationality: Hungary	State (that is, country) of residence: Hungary		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) GACSÁLYI, István Budapest Baross u. 67., H-1201 Hungary			
State (that is, country) of nationality: Hungary	State (that is, country) of residence: Hungary		
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*
MARKÓ, BernadettBudapest
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HungaryState *(that is, country)* of nationality:
HungaryState *(that is, country)* of residence:
HungaryName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*
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Széher u. 51/B., H-1021
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HungaryState *(that is, country)* of residence:
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EGYED, AndrásBudapest
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HungaryState *(that is, country)* of residence:
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KOMPAGNE, HajnalkaBudapest
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HungaryState *(that is, country)* of residence:
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Continuation of Box No. II APPLICANT(S)

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State (that is, country) of residence:
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Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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KÓTAY NAGY, Péter

Vác
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State *(that is, country)* of residence:

Hungary

 Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	Telephone No. (36-1) 201-1628
	Facsimile No. (36-1) 201-1692
	Teleprinter No.
	Agent's registration No. with the Office

ADVOPATENT Office of Patent and
Trademark Attorneys
Budapest, P.O.Box 11, H-1251
Hungary

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:
 the international application as originally filed
 the description as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination:	English
<input checked="" type="checkbox"/> which is the language in which the international application was filed.	
<input type="checkbox"/> which is the language of a translation furnished for the purposes of international search.	
<input type="checkbox"/> which is the language of publication of the international application.	
<input type="checkbox"/> which is the language of the translation (to be) furnished for the purposes of international preliminary examination.	

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

1. translation of international application	:	sheets	For International Preliminary Examining Authority use only
2. amendments under Article 34	:	sheets	received <input type="checkbox"/> not received <input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/> <input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to a sequence listing
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

(KARÁCSONYI, Béla)
European Patent Attorney (130 870)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due
to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
 The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/HU 03/00096	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 16626 KB	Date stamp of the IPEA
<p>Applicant EGIS GYÓGYSZERGYÁR RT., LÉVAY, György et al.</p>	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee EUR	1530.- P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) EUR	129.- H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box EUR	1659.- TOTAL
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all IPEAs)	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____
<input type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____
	Date: _____
	Name: _____
	Signature: _____